

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/868987

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52		/				
3	/						53		/				
4	/						54		/				
5	/						55		/				
6	/						56		/				
7	/						57	/					
8	/						58	/					
9	/						59		/				
10	/						60	/					
11	/						61		/				
12	/						62		/				
13	/						63		/				
14	/						64		/				
15	/						65		/				
16	/						66	/					
17	/						67	/					
18	/						68		/				
19	/						69		/				
20	/						70		/				
21	/						71		/				
22	/						72		/				
23	/						73		/				
24	/						74		/				
25	/						75		/				
26	/						76		/				
27	/						77		/				
28	/						78		/				
29	/						79		/				
30	/						80		/				
31	/						81		/				
32	/						82		/				
33	/						83		/				
34	/						84		/				
35	/						85		/				
36	/						86		/				
37	/						87		/				
38	/						88		/				
39	/						89		/				
40	/						90		/				
41	/						91		/				
42	/						92		/				
43	/						93		/				
44	/						94		/				
45	/						95		/				
46	/						96		/				
47	/						97		/				
48	/						98		/				
49	/						99		/				
50	/						100		/				
TOTAL	9						TOTAL						
IND.	9						IND.						
DEP.	0						DEP.						
TOTAL	9						TOTAL						
CLAIMS	9						CLAIMS						

BEST AVAILABLE COPY